DECLARATION AND POWER OF ATTORNEY,			Case No:	58719US010
			First Named Inventor:	James T. WOLTER
PATENT APPLICATION (37 CFR § 1.63)		COMPLETE IF KNOWN		
	Declaration Submitted with Initial Filing	Declaration Submitted after initial Filing (surcharge 37 CFR § 1.16(e) required)	Application No.:	
			Filling Date:	
			Art Unit:	
			Examiner Name:	

As a below manned inventor, I traveby declare that my residence, mailing address, and discensitio are as stated below next to my nome, and that I believe I am an original, first, and sole inventor (if only one name is fisted below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is desired and for which a patent is ought on the inventor.

		DELIVERY	OF IMMUNE RESI	PONSE MODI	FIER COMPOUNDS	
The	specification of which	1				
	is attached hereto;					
	was filed on as United States Ap	plication No.				
Ø	is identified as PCT i filed on	International A	pplication No. August 25, 2004		PCT/US2	004/027633
	d was amended on	o covimunat a	and understand the ne	atomic of the sh	(if applicable).	

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I adknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for confinuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the confinuation in-part application.

I hereby claim foreign priority benefits under 35 USC § 5 119(a)-(d) or (f), or 365(t) of any foreign application(s) for patent, inventors or plant breader's right's carlificate(s), or 365(t) of any PCT international application which designated at least one country other than the United States of América, sixed below and have diss indentified below, by checking the box, any furging application for patent, inventor's or plant breader's right's certificate(s), or any PCT international application having a filing date before that of the application in which priority is claimed.

Prior Foreign	Country	Foreign Filling Date	Priority NOT	Certified Copy	Attached
Application No.		(MM/DD/YYYY)	Claimed	YES	NO

I hareby appoint Practitioners at Customer Number 32692 as my attorneys end/or agents with full powers (including the powers of appointment, substitution, and revocation) to pracecute this application and any division, continuation, continuation in-part, reexamination, or reasure thereof, and to transact all business in the U.S. Patent and Trademark Office connected therewith.

Customer Number for Practitioner of Record:

32692

I also appoint the following Practitioners as my afterneys and/or agents with full powers (including the powers of appointment, substitution, and revocation) to prosecute this application and any division, confinuation, confinuation—in-part, reexamination, or resiste thereof, and to transact all business in the U.S. Patient and Transderack Office connected therewith; None

Case No.: 58719US018

The mailing address and the telephone number of the above-identified attorneys and/or agents are that of Customer No 32692.

Inquiries regarding this application can be made to:

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Attention: Ted K. Ringsred
Office of Intellectual Property Counsel
3M Innovative Properties Company
Telephone No.: 651-736-5839

I herithy declare batt all statements made herein of my own knowledge are true and final all statements made no information and belief are believed to be true; and further that have statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC § 1001 and that such witful false statements may jeopandize the validity of the application or any patent issued thereon.

MANUE OF BULE ON PINGT INVENTOR:	C1 w beapout use peen men	t med of this unsigned inventor.		
Given Name (first and middle (if anyl); James T.	Family Name or Surname WOLTER			
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NAME OF JOINT INVENTOR, IF ANY:	☐ A petition has been filed for this unsigned inventor.			
Given Name (first and middle (if anyl). Ross M.	Family Name or Surname: KEDL			
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Case No. 58719US010